Dr Thompson.

Do not use this space.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 2833

Registered No. 53A

1. PLACE OF DEATH

County: Greene

Township: N. Campbell

City: (No. Route # 1 St. Ward)

Registration District No. 318

Primary Registration District No. 5439

2. FULL NAME George A. White 300

(a) Residence, No. Route # 1 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Delia White

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT E.D. White
(ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE Jan. 16, 1938

19. UNDERTAKER H.H. Lohmeyer Funeral Home
(ADDRESS) Springfield, Mo.

20. FILED Jan 16 1938 Chas A. George M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-2, 1935, to 1-15, 1938

I last saw him alive on 8-20, 1937. Death is said to have occurred on the date stated above, 2:30a.m.

The principal cause of death and related causes of importance were as follows:

Senile Dementia — Date of onset

Cor Pulmonale

Other contributory causes of importance:

Gen Senile Changes

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) S. F. Freeman, M. D.

(Address) Springfield Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
FEB 24 1938
BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH